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B22A (Official Form 22A) (Chapter 7) (04/10)
In re: Jay Frank Marcom, II.

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

The presumption arises.

The presumption does not arise.

The presumption is temporarily inapplicable.

#### CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part 1A, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
1A	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).
1B	<b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filling a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	☐ <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a.  I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on case was filed:
	OR
	<ul> <li>b.</li></ul>

	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION						
2	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.  a. ☑ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.  b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code."						
	All figures must reflect average monthly income received during the six calendar months prior to filing the bankr of the month before the filing. If the amount of monthly months, you must divide the six-month total by six, an appropriate line.	ruptcy case, ending or y income varied duri	on the last day ng the six	Column A  Debtor's Income	Column B Spouse's Income		
3	Gross wages, salary, tips, bonuses, overtime, com	nmissions.		\$0.00			
4	Income from the operation of a business, professi Line a and enter the difference in the appropriate colu more than one business, profession or farm, enter agg details on an attachment. Do not enter a number less of the business expenses entered on Line b as a	mn(s) of Line 4. If y gregate numbers an than zero. <b>Do no</b>	ou operate d provide t include any part				
	a. Gross receipts	\$0.00					
	b. Ordinary and necessary business expenses	\$0.00					
	c. Business income	Subtract Line b fro	om Line a	\$0.00			
5	Rent and other real property income. Subtract Line difference in the appropriate column(s) of Line 5. Do Do not include any part of the operating expenses Part V.	not enter a number l entered on Line b	ess than zero.				
	a. Gross receipts	\$0.00					
	b. Ordinary and necessary operating expenses	\$0.00		***			
	c. Rent and other real property income	Subtract Line b fro	om Line a	\$0.00			
6	Interest, dividends, and royalties.			\$0.00 \$0.00			
8	Pension and retirement income.  Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.						
9	Unemployment compensation. Enter the amount in However, if you contend that unemployment compens spouse was a benefit under the Social Security Act, do compensation in Column A or B, but instead state the Unemployment compensation claimed to be a benefit under the Social Security Act	sation received by you not list the amount	ou or your of such	\$0.00 \$0.00			
1		+	·				

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10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.						
	a.						
	b.						
	Total and enter on Line 10		\$0.00				
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru						
ļ.,	and, if Column B is completed, add Lines 3 through 10 in Column B. Ente		\$0.00				
12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been cline 11, Column A to Line 11, Column B, and enter the total. If Column B completed, enter the amount from Line 11, Column A.	-		\$0.00			
	Part III. APPLICATION OF § 707(b)	(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amou and enter the result.			\$0.00			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoi.gov/ust/ or from the clerk of the bankruptcy						
	a. Enter debtor's state of residence: b. Enter debtor's household size:1						
	Application of Section 707(b)(7). Check the applicable box and proceed	ed as directed.					
15	The amount on Line 13 is less than or equal to the amount on Line arise" at the top of page 1 of this statement, and complete Part VIII; d			otion does not			
	The amount on Line 13 is more than the amount on Line 14. Con	nplete the remaining	parts of this state	ment.			
	Complete Parts IV, V, VI, and VII of this statement or	nly if required. (Se	e Line 15.)				
	Part IV. CALCULATION OF CURRENT MONTH	LY INCOME FO	R § 707(b)(2)				
16	Enter the amount from Line 12.	7 (b (-) -   -   -   -   -   -   -   -   -   -	Batad Sa				
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.						
	a. b.						
	C.						
	Total and enter on line 17.						
18 Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.							
	Part V. CALCULATION OF DEDUCTIONS FROM INCOME						
	Subpart A: Deductions under Standards of the In	ternal Revenue S	ervice (IRS)				
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						

19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.					al Standards filable at file members of s of your t be the t for obtain a total		
	Hou	sehold members under 65 ye	ears of age	Hou	sehold membe	ers 65 years of	f age or older	
	a1.	Allowance per member		a2.	Allowance pe	r member		
	b1.	Number of members		b2.	Number of m	embers		
	c1.	Subtotal		c2.	Subtotal			
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							
20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.							
	$\vdash$	IRS Housing and Utilities Stan			<u>-                                      </u>			
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42							
	c. Net mortgage/rental expense Subtract Line b from Line a.							
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:							
	Local Standards: transportation; vehicle operation/public transportation expense.  You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.							
22A		the number of vehicles for wholling to you					erating expenses 2 or more.	
	If you Trans Local Statis	checked 0, enter on Line 22A portation. If you checked 1 or Standards: Transportation for tical Area or Census Region. (bankruptcy court.)	the "Public Transpo 2 or more, enter on the applicable num	ortation Line 2 ber of v	" amount from 2A the "Operativehicles in the	IRS Local Stan ing Costs" amo applicable Metr	dards: ount from IRS opolitan	

22B	Local Standards: transportation; additional public transportation expense.  If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
23	Local Standards: transportation ownership/lease expense; Vehicle 1.  Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. DO NOT ENTER AN AMOUNT LESS THAN ZERO.				
	b. Average Month stated in Line 4.		Out to at Line Is found in a		
		ease expense for Vehicle 1	Subtract Line b from Line a.		
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. DO NOT ENTER AN AMOUNT LESS THAN ZERO.				
	b. Average Month stated in Line 4.		Subtract Line b from Line a.		
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-				
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.				
27	for term life insurance	penses: life insurance. Enter total average monthly for yourself. DO NOT INCLUDE PREMIUMS FOR INSUMHOLE LIFE OR FOR ANY OTHER FORM OF INSUI	SURANCE ON YOUR		
28	required to pay pursu	penses: court-ordered payments. Enter the total mo ant to the order of a court or administrative agency, suc NCLUDE PAYMENTS ON PAST DUE OBLIGATIONS	ch as spousal or child support		
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child.  Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on				
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend				

	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that				
	you actually pay for telecommunication services other than your basic home telephone and cell phone				
32	servicesuch as pagers, call waiting, caller id, special long distance, or internet serviceto the extent				
02	necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT				
	PREVIOUSLY DEDUCTED.				
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.				
	Subpart B: Additional Living Expense Deductions				
	Note: Do not include any expenses that you have listed in Lines 19-32				
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your				
	spouse, or your dependents.				
	a. Health Insurance				
34	b. Disability Insurance				
	c. Health Savings Account				
	Total and enter on Line 34				
	IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly				
	expenditures in the space below:				
	Continued contributions to the care of household or family members. Enter the total average actual				
35	monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is				
	unable to pay for such expenses.				
	Protection against family violence. Enter the total average reasonably necessary monthly expenses that				
	you actually incurred to maintain the safety of your family under the Family Violence Prevention and				
36	Services Act or other applicable federal law. The nature of these expenses is required to be kept				
	confidential by the court.				
	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS				
27	Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST				
37	PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY				
	Education expenses for dependent children less than 18. Enter the total average monthly expenses that				
	you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or				
38					
	CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED				
	FOR IN THE IRS STANDARDS.				
	Additional food and clothing expense. Enter the total average monthly amount by which your food and				
	clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the				
	IRS National Standards, not to exceed 5% of those combined allowances. (This information is available				
39	at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE				
	ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.				
4.5	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of				
40	cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).				
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40.				

<sup>\*</sup> Amount(s) are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

	Subpart C: Deductions for Debt Payment						
	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is						
	the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate						
		e. Enter the total of the Average Mon					
42		Name of Creditor	Property Securing the Debt	Average	Does payment include taxes		
				Monthly Payment	or insurance?		
	a.				□ yes □ no		
	b.				□ yes □ no		
	C.			Total: Add	☐ yes ☐ no		
				Lines a, b and c.			
	Othe	er payments on secured claims.	f any of the debts listed in Line	42 are secured by	your primary		
	resid	lence, a motor vehicle, or other prope	erty necessary for your support	or the support of yo	our dependents,		
		may include in your deduction 1/60th Idition to the payments listed in Line 4					
	amo	unt would include any sums in defaul	t that must be paid in order to a	void repossession	or		
		closure. List and total any such amou parate page.	ints in the following chart. If neo	cessary, list additio	nal entries on		
43		Name of Creditor	Property Securing the Del	ot 1/60th of t	he Cure Amount		
	a.		3,11,7,11,11				
	b.						
	C.			Tatal: Add	Linea a b and a		
	Total: Add Lines a, b and c						
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 28.						
		pter 13 administrative expenses. I wing chart, multiply the amount in line		•	•		
	expe		a by the amount in line b, and	enter the resulting	auministrative		
	a.	Projected average monthly chapter	13 plan payment.				
45	b.	Current multiplier for your district as					
		issued by the Executive Office for L information is available at www.usd					
		the bankruptcy court.)			%		
	C.	Average monthly administrative exp	pense of chapter 13 case	Total: Multi	oly Lines a and b		
46	Tota	I Deductions for Debt Payment. Er	nter the total of Lines 42 through	า 45.			
	Subpart D: Total Deductions from Income						
47 Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.							
		Part VI. DETE	RMINATION OF § 707(b	)(2) PRESUMP	TION		
48	Ente	r the amount from Line 18 (Curren	t monthly income for § 707(b)	(2))			
49	Ente	er the amount from Line 47 (Total o	f all deductions allowed unde	er § 707(b)(2))			
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.						
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.						

	Initial presumption determination. Check the applicable box and proceed as directed.					
	The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
52	The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.					
	The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).					
53	Ente	er the amount of your total non-priority unsecured debt				
54	Thre	eshold debt payment amount. Multiply the amount in Line	53 by the number 0.25 and e	enter the result.		
	Sec	ondary presumption determination. Check the applicab	le box and proceed as directe	ed.		
55	_	The amount on Line 51 is less than the amount on Line top of page 1 of this statement, and complete the verification	•	presumption does n	ot arise" at the	
		The amount on Line 51 is equal to or greater than the a at the top of page 1 of this statement, and complete the ve			•	
	Part VII: ADDITIONAL EXPENSE CLAIMS					
Other Expenses. List and describe any monthly expenses, not otherwise stated in this form and welfare of you and your family and that you contend should be an additional deduction funder § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figure monthly expense for each item. Total the expenses.				om your current mo	onthly income	
56	Expense Description			Monthly A	Amount	
	a.					
	b.					
	c.					
		Т	otal: Add Lines a, b, and c			
	Part VIII: VERIFICATION					
I declare under penalty of perjury that the information provided in this statement is true and correct.  (If this is a joint case, both debtors must sign.)						
57		Date: 12/20/2010 Signature:	/s/ Jay Frank Marcom, II. Jay Frank Marcom, II.			
		Date: Signature:				
			(Joint Debto	r, if any)		

<sup>\*</sup> Amount(s) are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.